

EXHIBIT 3C

Form 3

Data Certification Form

Form 3

Data Certification Form

The **Data Certification** Form certified by the Chief Executive Officer, Chief Financial Officer, or an individual who has delegated authority to sign for, and who reports directly to Chief Executive Officer or Chief Financial Officer, must attest, based on best knowledge, information, and belief, that data is complete, accurate, and truthful and complies with 42 CFR Sections 438.604 and 438.608. Contractor is responsible for submitting this data in accordance with applicable Federal and State laws, rules, policies and the AHCCCSA contractor contract and within file specifications. The Data Certification Form must be submitted concurrently with the certified data and must be matched to Contractor's file or document prior to file or document processing or use.

The Data Certification Form may be submitted and signed electronically. If submitted and signed electronically, the preferred method of concurrent submission is to append electronic certification form to outer ISA or data transmission envelope.

Field No.	Instructions
1.	Enter the name of the Contractor.
2.	Enter the Contractor's ID number assigned by AHCCCSA.
3.	File or document name. Certification form must be matched to Contractor's file or document prior to processing or use.
4.	Expected or actual submission date to AHCCCSA.
5.	Type or print the CEO/Administrator's, CFO's, or Delegated Representative's, who is a direct report to CEO or CFO, name and title.
6.	Enter the date the form is signed.
7.	Signature of the CEO/Administrator, CFO, or Delegated Representative.

Arizona Health Care Cost Containment System
701 E. Jefferson, Mail Drop 8500, Phoenix, Arizona 85034

Data Certification Form

1. _____	Contractor Name
2. _____	Contractor ID
3. _____	File or Document Name
4. _____	Date of Expected or Actual File/Document Submission

Health Plan/Program Contractor/ADHS/DBHS, herein called "Contractor" is hereby authorized to submit encounter data to the Arizona Health Care Cost Containment System Administration (herein called "AHCCCSA") for services rendered by the undersigned Contractor, in machine-readable form, as specified by AHCCCSA.

By my signature below, I certify that the data and/or documents so recorded and submitted as input data or information, based on my best knowledge, information, and belief, is in compliance with Subpart H of the Balanced Budget Act Certification requirements; is complete, accurate, and truthful; and is in accordance with all Federal and State laws, regulations, policies and the AHCCCSA/Contractor contract now in effect. Contractor further certifies that it will retain and preserve all original documents as required by law, submit all or any part of same, or permit access to same for audit purposes, as required by the State of Arizona, or any agency of the federal government, or their representatives.

CEO/Administrator

5.

Date: / 6./

CFO

Delegated Representative:

Title: _____

Signature: _____

7.

{Page 3 - 3}**DRAFT**

